

Obesity and Homoeopathy



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OBESITY AND HOMOEOPATHY

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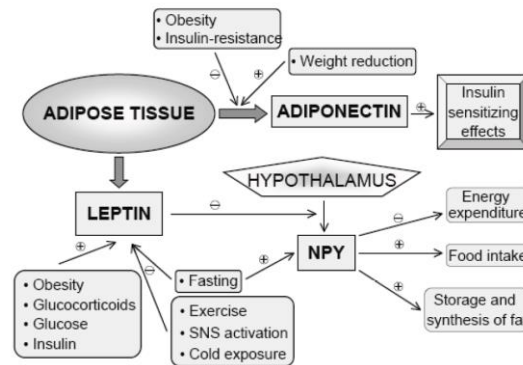
DEFINITION

The state of being grossly fat or overweight is termed obesity, a chronic, complex, multifactorial, serious socioeconomic, clinical disorder involving an excessive amount of body fat accumulation in adipose tissue to the extent that may impair health. A BMI of 30 or higher is considered to be obese while below 29.9 up to 25 is called as overweight (Psora/ Sycosis).

PATHOPHYSIOLOGY

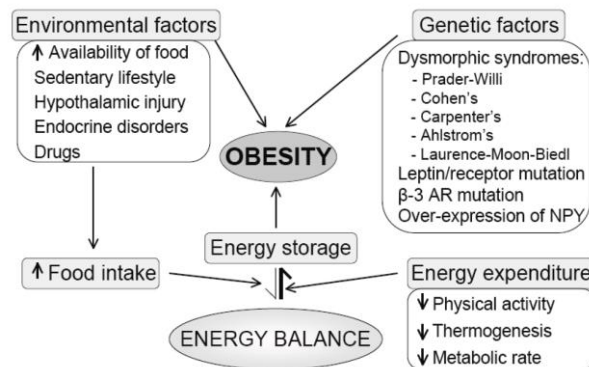
Obesity as a disorder of the homeostatic control of energy balance. Adipose tissue secretes leptin in states of food deprivation, SNS stimulation, exercise and cold exposure (Psora). Leptin secretion from adipose tissue is inhibited by obesity states, glucocorticoids, glucose and insulin (Psora). Leptin reaches hypothalamus, where in turn it inhibits

secretion of Neuropeptide Y (NPY) that normally reduces energy expenditure, enhances appetite and stimulates synthesis and storage of fat (Psora). Adiponectin normally sensitizes tissues for insulin effects. Obesity and insulin resistance negatively regulate adiponectin secretion from adipose tissue, whereas weight reduction enhances its secretion.



CAUSES

The balance between calorie intake and energy spending governs a person's weight. The more the calories intake than the person metabolizes, weight gain is there as the body stores the excess energy as fat (Sycosis). In contrast, if calories are deficient than metabolism, weight loss is there. Therefore, the most common causes of obesity are overeating and physical inactivity.



The causes for obesity may be endogenous or exogenous-

ENDOGENOUS CAUSES

- Endocrinal causes
- Cushing's syndrome
- Hypothyroidism
- Hyperinsulinism
- Pseudo-hyperparathyroidism
- Acquired hypothalamic syndrome
- Genetic Causes
- Prader Willi syndrome
- Alstrom
- Carpenter
- Cohen
- Laurence Moon Biedl

EXOGENOUS CAUSES

- Genetic
- Environmental
- Dietary
- Neurochemical- insulin, neuropeptide Y, dopamine and other monoamines, serotonin, and gut hormones like CCK
- Malnutrition

Risk factors for obesity include-

AGE

With ageing, hormonal changes and a less active lifestyle increase risk of obesity. The muscle mass in body decreases with age and leads to decreased metabolism, thus reducing calorie needs.

CHANGES IN SLEEP

Insufficient or too much sleep can cause changes in hormones that increase appetite.

FAMILY LIFESTYLE

Obesity tends to run in families. Family members tend to share similar eating and activity habits.

FREQUENCY OF EATING

Small frequent meals produce stable insulin levels, whereas large meals cause large spikes of insulin after meals and disturb metabolism.

GENETICS

OB GENE

- Product – leptin
- Reduces appetite, increases metabolic rate, increases fat oxidation
- Mutation results in decreased leptin output leading to obesity

DB GENE

- Regulates leptin binding site
- Establishes 'set point'

FAT GENE

- Produces carboxypeptidases
- Causes miss processing of insulin – competes with leptin binding

TUB GENE

- Unknown product – possibly mitochondrial uncoupling protein

AGOUTI GENE

- Product – agouti signaling protein
- Suppresses appetite during weight gain

MEDICATIONS

Some antidepressants, anticonvulsants, diabetes medications, oral contraceptives, and most corticosteroids cause weight gain. Some antihypertensives and antihistamines may also be involved.

OVEREATING

Overeating leads to weight gain, especially if the diet is high in calories.

PHYSICAL INACTIVITY

Sedentary people consume fewer calories leading to obesity.

PREGNANCY

During pregnancy, a woman's weight necessarily increases.

PSYCHOLOGICAL FACTORS

Some people may eat unduly in reply to emotions such as tedium, sadness, stress or anger and become obese.

QUITTING SMOKING

Quitting smoking is often related to weight gain.

SOCIAL ISSUES

Poverty to purchase healthy foods or lack of safe places to walk or exercise may multifold the risk of obesity.

SYSTEMIC ILLNESS

Hypothyroidism, insulin resistance, polycystic ovary syndrome, Prader-Willi syndrome, and Cushing's syndrome cause obesity. Arthritis may cause obesity due to inactivity of the person.

UNHEALTHY DIET

A high calorie diet, lacking in fruits and vegetables, full of fast food, and overloaded with high-calorie beverages and oversized portions contributes to weight gain.

TYPES

Obesity can be grouped in several types based on the theme used. Grossly, it may be of two types-

ANDROID OBESITY OR CENTRAL OBESITY

- Fat accumulates in the upper segment
- Apple shaped distribution
- More likely to develop related disorders like NIDDM, HT, etc.
- WHR (waist hip ratio) > 0.8

GYNECOID OBESITY

- More subcutaneous fat
- Accumulates over thighs and lower segment
- Pear shaped
- Complications fewer

Types of obesity according to common health and lifestyle characteristics may be grouped into six categories-

YOUNG HEALTHY FEMALES

Women who were obese, but generally had fewer obesity-related complications, such as type 2 diabetes.

HEAVY-DRINKING MALES

As above, but with higher alcohol intake.

UNHAPPY AND ANXIOUS MIDDLE-AGED

Predominantly women with poor mental health and wellbeing.

AFFLUENT AND HEALTHY ELDERLY

Generally positive health, but defining characteristics of higher alcohol intake and high blood pressure.

PHYSICALLY SICK BUT HAPPY ELDERLY

Older people with more chronic diseases such as osteoarthritis, but good mental health.

POOREST HEALTH

People who were the most economically deprived and had the greatest number of chronic diseases.

Another way to define obesity is the shape of body figured by location of fat. Concern is directed not only at how much fat a person has but also where that fat is located on the body. The pattern of body fat distribution tends to differ in men and women. The shape can be confirmed by following method-

WAIST TO HIP RATIO

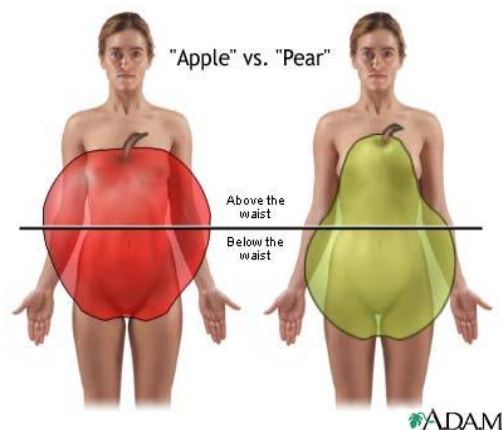
To find out a person's waist-to-hip ratio, following calculation is made-

- The waist is measured at its narrowest point, and then the hips at the widest point
- The waist measurement is divided by the hip measurement

For example, a woman with a 35-inch waist and 46-inch hips would have a waist-to-hip ratio of 0.76 (35 divided by 46 = 0.76). Women with waist-to-hip ratios of more than 0.8 and men with waist-to-hip ratios of more than 1.0 are apples.

APPLE SHAPE OBESITY

Men usually collect fat around the belly, giving them more of an apple shape.



Apple-shaped people whose fat is concentrated mostly in the abdomen are more likely to develop many of the health problems associated with obesity. They are at increased health risk because of their fat distribution. While obesity of any kind is a health risk, it is better to be a pear than an apple.

PEAR SHAPE OBESITY

Commonly, the women collect fat in their hips and buttocks, giving their figures a pear shape.

Obesity may be of following degrees according to body mass index (BMI)- $BMI = \frac{m}{h^2}$ where m and h are the subject's weight and height respectively. BMI is expressed in kilograms per square meter, resulting when weight is measured in kilograms and height in meters. Below is the table identifying the risk of associated disease according to BMI and waist size.

Disease Risk Relative to Normal Weight and Waist Circumference				
	BMI (kg/m ²)	Obesity Class	Men 102cm (40 in) or less Women 88cm (35 in) or less	Men > 102cm (40 in) Women > 88cm (35 in)
Underweight	< 18.5			
Normal weight	18.5 - 24.9			
Overweight	25.0 - 29.9		Increased	High
Obesity	30.0 - 34.9	I	High	Very High
Obesity	35.0 - 39.9	II	Very High	Very High
Extreme Obesity	40.0 +	III	Extremely High	Extremely High

COMPLICATIONS

Since obesity is a complex, multifactorial, socioeconomic and chronic disorder, it affects the individual in numerous ways and may cause a number of complications. Most common ones are given below-

- Breathing disorders, including sleep apnea
- Cancer
- Cardiovascular disease
- Depression
- Disability
- Erectile dysfunction and other sexual health concerns
- Gallbladder disease
- Gynecological problems, like infertility and irregular menses
- High triglycerides and low high-density lipoprotein (HDL) cholesterol
- Hypertension
- Lower work achievement
- Metabolic syndrome- a combination of high blood sugar, high blood pressure, high triglycerides and low HDL cholesterol
- Nonalcoholic fatty liver disease
- Osteoarthritis
- Shame and guilt
- Social isolation
- Stroke
- Type 2 diabetes

In spite of above, the obesity causes to diminish overall quality of life by being unable to do things such as participating in enjoyable activities, appearing in public places, being victim of discrimination etc.

DIAGNOSIS

This is done by-

CASE HISTORY

- Eating patterns
- Examination of abdomen
- Exercise habits
- Family history
- Height
- Medications
- Stress levels
- Systemic illness
- Vital signs, such as heart rate, blood pressure and temperature
- Weight history and weight-loss efforts

BMI CALCULATION

Body mass index (BMI) to determine the level of obesity is needed at least once a year.

WAIST CIRCUMFERENCE MEASUREMENT

Fat stored around waist, called visceral fat or abdominal fat, may further increase risk of diabetes and heart diseases.

Women with a waist circumference of more than 35 inches and men with a waist measurement of more than 40 inches may have more health risks than those with smaller waist measurements.

BLOOD TESTS

These depend on health, risk factors and present symptoms and may include-

- Electrocardiogram
- Fasting glucose
- Lipid profile
- Liver function tests
- Thyroid function test etc.

BODY FAT MEASUREMENT

UNDERWATER WEIGHING OR HYDROSTATIC WEIGHING

This method weighs a person underwater and then calculates lean body mass and body fat. This method is one of the most accurate ones.

BOD POD

Gold standard body composition assessment systems based on air displacement plethysmography (ADP) technology uses a computerized, egg-shaped chamber for fat analysis. Using the same whole-body measurement principle as hydrostatic weighing, the BOD POD measures a subject's mass and volume, from which their whole body density is determined.

Using this data, body fat and lean muscle mass can then be calculated.

DEXA

Dual-energy X-ray absorptiometry is used to measure bone density. It uses X-rays to determine not only the percentage of body fat but also where and how much fat is located in the body.

SKIN CALIPERS

In this method, the skinfold thickness of the layer of fat just under the skin in several parts of the body with calipers is measured. Percentage of body fat is then calculated with results.

BIOELECTRIC IMPEDANCE ANALYSIS (BIA)

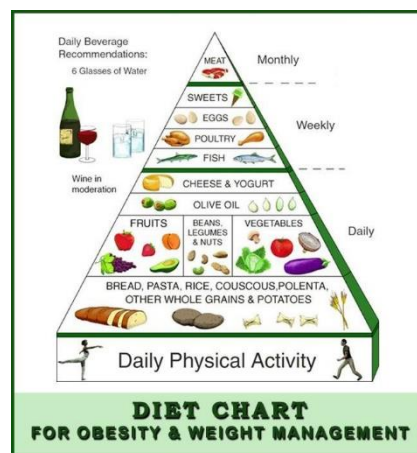
There are two methods of the BIA. One involves standing on a special scale with footpads. A harmless amount of electrical current is sent through the body, and then percentage of body fat is calculated.

The other type of BIA involves electrodes that are typically placed on a wrist and an ankle and on the back of the right hand and on the top of the foot. The change in voltage between the electrodes is measured. The person's body fat percentage is then calculated from the results of the BIA.

TREATMENT

DIET, REGIMEN AND EXERCISE

Low calorie and healthy balance diet is necessary to control obesity and its complication. The following chart gives an idea for such a diet-



EXERCISE

- Preserves lean body mass
- Prevents the reduction in BMR associated with weight loss
- Improvement in mood
- Promotes a more active lifestyle in adulthood
- Preserves lean body mass
- Prevents the reduction in BMR associated with weight loss
- Improves in mood
- Promotes a more active lifestyle in adulthood
- Long term compliance poor with vigorous exercise
- Better option to decrease inactivity
 - Less time on computer/ TV
 - Using stairs in place of elevators

- Walking to perform daily errands
- Playing outdoor games
- In the severely overweight, problems of exercise tolerance, referral to an experienced physical or exercise therapist for a safe and graded exercise regimen

SURGERY

Bariatric surgery for severely obese.

HOMOEOPATHIC TREATMENT

GENERAL REMEDIES FOR OBESITY

acon. adam. adon. agar. ail. alco. all-s. **Am-br.** **Am-c.** am-caust. am-f. **Am-m.** ambr. **ANAC.** **Ang.** **Ant-c.** ant-t. apis aq-mar. aran-ix. **Arg-n.** arist-cl. arn. **Ars.** **Asaf.** aur-m. aur-s. **AUR.** bac. **Bad.** bar-br. bar-c. bar-i. bar-met. **Bell.** berb. bism-sn. blatta-o. borx. **Brom.** bry. bufo calad. calc-act. **Calc-ar.** calc-caust. calc-lac. calc-m. calc-met. calc-o. **Calc-p.** calc-s. **CALC.** **Calo.** camph. canth. **CAPS.** carb-v. **Carc.** **Carl.** caust. cer-ox. cham. chin. chlorpr. chr-m. chr-met. chr-s. cic. cimic. cina cinnb. clem. **Coc-c.** coca cocc. **Coloc.** con. cortiso. **Croc.** crot-h. **Cupr.** cygn-be. cyna. dig. dulc. **Elaps** euph. euphr. falco-pe. ferr-i. **Ferr-n.** **FERR.** fl-ac. **Fuc.** galeoc-c-h. gamb. gink-b. glycyr-g. **GRAPH.** guaj. hafn-met. hell. **Hura** hydroq. **Hyos.** hypoth. ign. influ. iod. **Ip.** irid-met. **Kali-bi.** kali-br. **KALI-C.** kali-met. kola lac-c. **Lac-d.** lac-h. lach. lant-met. lap-a. laur. lith-c. lith-f. lith-i. lith-met. lith-p. lith-s. lob-e. lob. **Lyc.** lycpr. mag-c. **Mag-n.** mag-p. mang-act. **Mang-n.** med. merc-d. merc-i-f. merc. moly-met. mur-ac. nat-ar. nat-c. **NAT-M.** nice-met. nice-s. **Nitro.** nux-m. nux-v. olnd. op. osm-met. ozone pert-vc. **Phos.** **PHYT.** pip-n. pitu-a. pitu-gl. plat. plb-m. plb-p. plb. positr. puls. rauw. rhen-met. rheum rhus-t. rumx. ruta sabad. sabal sacch. sars. sec. sel. seneg. sep. sil. spig. spong. staph. stram. stront-c. stroph-h. **Sulph.** tant-met. thal-met. thuj. **Thyr.** **Thyroid.** tung-met. tus-fr. ulm-c. valer. vanil. verat. viol-o. **Zinc-n.**

SHORT REPERTORY OF HOMOEOPATHY

ABDOMEN – OBESITY **pip-n.**

CHEST - PALPITATION of heart - menopause - obese women; in **calc-ar.**

CHEST - WEAKNESS - Heart - accompanied by – obesity **am-c.**

DREAMS - OBESITY; being **cygn-be.** **galeoc-c-h.** **ulm-c.**

EXTERNAL THROAT - GOITRE - accompanied by – obesity **fuc.**

FACE - COLDNESS - children; in - obese children **iod.**

FEMALE GENITALIA/SEX - MENOPAUSE - obese women; in **calc-ar.**

FEMALE GENITALIA/SEX - MENSES - painful - accompanied by – obesity **cer-ox.**

GENERALS - COLD; TAKING A - tendency - women; in – obese **am-c.**

GENERALS - OBESITY – Abdomen **pip-n.**

GENERALS - OBESITY - accompanied by - appetite; diminished **gink-b.**

GENERALS - OBESITY - accompanied by - sexual organs; underdevelopment of **hydroq.**

GENERALS - OBESITY - children; in – nurslings **acon.** **lap-a.**

GENERALS - OBESITY - children; in - thyroid gland; from dysfunction of **influ.**

GENERALS - OBESITY - children; in **Ant-c.** **Bad.** bar-c. **Bell.** **Brom.** **CALC.** **Caps.** cina **Coloc.** **Ferr.** **graph.** **guaj.** **Ip.** **Kali-bi.** kali-c. puls. sacch. sars. seneg. **sulph.**

GENERALS - OBESITY – endocrine **cimic.** **hypoth.** **pitu-gl.**

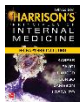
GENERALS - OBESITY – flabby **lac-d.**

GENERALS - OBESITY - Legs thin; body fat but **am-c.** **Am-m.** ant-c. **graph.** lith-c. **plb.**

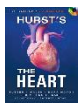
GENERALS - OBESITY - menopause; during **calc-ar.** **GRAPH.** **sep.**

GENERALS - OBESITY - nutrition; from improper *calc. Carc. graph.*
 GENERALS - OBESITY - old people; in *am-c. AUR. bar-c. fl-ac. KALI-C. op. sec.*
 GENERALS - OBESITY - overweight; slightly *brom.*
 GENERALS - OBESITY - Thighs and buttocks *lyc. nat-m.*
 GENERALS - OBESITY - women; in *am-c. calc-ar. cer-ox.*
 GENERALS - OBESITY - young people; in *Ant-c. calc-act. calc. lach.*
 GENERALS - REACTION - lack of - women; in – obese *am-c.*
 GENERALS - SEDENTARY habits - women; in – obese *am-c.*
 GENERALS - TALL people - obese; and - children; in *cina*
 GENERALS - WEAKNESS - accompanied by – obesity *berb. ip.*
 GENERALS - WEAKNESS - women; in – obese *am-c.*
 GENERALS - WEARINESS - women; in – obese *am-c.*
 MIND - SADNESS - obesity; with *gink-b.*
 RECTUM - CHOLERA - cholera-like symptoms - menses - before - agg. - women; in obese *am-c.*
 RESPIRATION - ASTHMATIC - accompanied by – obesity *blatta-o.*
 RESPIRATION - DIFFICULT - accompanied by – obesity *am-c.*
 RESPIRATION - WHEEZING - accompanied by – obesity *am-c.*
 STOMACH - INDIGESTION - accompanied by – obesity *all-s.*
 STOMACH - INDIGESTION - old people - obesity; inclined to *kali-c.*

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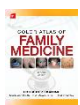
Biology of Obesity > What Is the Status of Food Intake in Obesity? (Do the Obese Eat More Than the Lean?)
 Harrison's Principles of Internal Medicine ... This question has stimulated much debate, due in part to the methodologic difficulties inherent in determining food intake. Many obese individuals believe that they eat small quantities of food, and this claim has often been supported by the results of food intake questionnaires. However...



Chapter 103. Women and Coronary Artery Disease > Obesity Hurst's The Heart, 13e ... Figure 103–5.
 Prevalence of obesity (body mass index ≥ 30) in the National Health and Nutrition Examination Survey (NHANES) in women age 20 years and older by race and age. Data from Flegal et al. 43 Figure 103–6. Selected cardiovascular risk factors for women by self-reported...



Chapter 20. Obesity Greenspan's Basic & Clinical Endocrinology, 9e



Chapter 224. Obesity The Color Atlas of Family Medicine, 2e

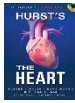


Chapter 4. Hypothalamus and Pituitary Gland > Obesity Greenspan's Basic & Clinical Endocrinology, 9e ...
 GH dynamics are impaired in many severely obese patients; all provocative stimuli, including insulin-induced

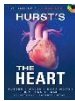
hypoglycemia, arginine , levodopa, and glucagon plus propranolol , often fail to provoke GH secretion. The GH response to GHRH is also impaired in obesity and improves with weight...



Chapter 68. Common Surgical Options for Treatment of Obesity Principles and Practice of Hospital Medicine



Chapter 92. Metabolic Syndrome, Obesity, and Diet Hurst's The Heart, 13e



Chapter 99. The Heart and Kidney Disease > Metabolic Syndrome, Obesity, and Diabetes Mellitus Hurst's The Heart, 13e ... of 0.8 g/kg/day reduce the risk of progressive kidney disease and risk of CVD. These therapeutic principles should be considered when managing cardiovascular risk in patients with types 1 and 2 diabetes mellitus. 100 There is growing interest in the role of albuminuria, obesity, elevated uric acid...



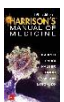
Encyclopedia Homoeopathica



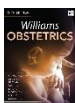
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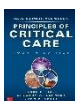
Obesity Harrison's Manual of Medicine, 19e



Obesity Williams Obstetrics, 24e



Radar 10



The Obesity Epidemic and Critical Care Principles of Critical Care, 4e



The Surgical Management of Obesity > THE DISEASE OF OBESITY Schwartz's Principles of Surgery, 10e ... Table 27-1 World Health Organization classification of obesity by body mass index (BMI) * CLASSIFICATION BMI (KG/M 2) PRINCIPAL CUT-OFF POINTS CUT-OFF POINTS FOR ASIANS *



Treatment of Obesity: The Impact of Bariatric Surgery CURRENT Diagnosis & Treatment: Gastroenterology, Hepatology, & Endoscopy, 3e